



BRAIN AND SPINAL CORD INJURY PROGRAM

2009 ANNUAL REPORT

Submitted: March 1, 2010

Charlie Crist
Governor

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EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

Chapter 381, Florida Statutes (F.S.), mandates that the Brain and Spinal Cord Injury Program (BSCIP) provide an annual report summarizing the activities supported by the Brain and Spinal Cord Injury Program Trust Fund to the Legislature each year. This report summarizes the Brain and Spinal Cord Injury Program's revenue, budget, expenditures, services, programs, partnerships, and data for July 1, 2008 through June 30, 2009. For reference, brain injuries and spinal cord injuries refer specifically to a single diagnosis injury. Dual diagnosis injury refers specifically to individuals who have sustained both a brain and a spinal cord injury.

The Brain and Spinal Cord Injury Program is nationally recognized as a leader for its coordinated statewide system of services. The goal of the program is to enhance and provide quality services in a cost-effective manner to consumers who have sustained moderate-to-severe traumatic brain and/or spinal cord injuries.

Total revenues for the Brain and Spinal Cord Injury Program amounted to \$26,662,845. These monies were made available through traffic-related civil penalties, temporary license tags, motorcycle specialty tags, federal Medicaid reimbursements, and subrogation. This total does not include funds from general revenue, grants, or legislative disbursements. The total budget authority for the program was \$25,224,442. The program's total expenditures were \$27,302,598.

The BSCIP Central Registry received 3,157 new injury referrals during the fiscal year. Of these, state-approved trauma centers or BSCIP designated facilities reported the majority of the new injuries (2,792). BSCIP provided community reintegration services to 2,260 clients and closed 3,423 cases. Of the 993 program-eligible cases closed during the year, 857 individuals were successfully reintegrated back into the community after completing a plan of care.

The Medicaid Home and Community-Based Waiver Program served 332 individuals with moderate-to-severe traumatic brain or spinal cord injuries, with the average annual cost per consumer being \$31,335. Waiver services are provided to those who may otherwise be placed in skilled nursing facilities/nursing homes.

The Institutional Transition Initiative was established in 2003 to move individuals with moderate-to-severe brain and spinal cord injuries from nursing homes to community-based settings. During this fiscal year, 11 individuals received services from the program and successfully returned to the community.

The Brain and Spinal Cord Injury Program contracted with the Brain Injury Association of Florida and the Florida Alliance for Assistive Services and Technology's Spinal Cord Injury Resource Center to conduct consumer satisfaction surveys. Eligible clients, one month post closure, ranked their satisfaction with the quality of services provided to them. Overall, the program averaged 4.8 on a possible 5-point rating scale for individuals who had sustained a brain injury and 4.5 for individuals who had sustained a spinal cord injury.

Through partnerships with the Brain Injury Association of Florida and the Florida Alliance for Assistive Services and Technology, the program has been able to accomplish many of its goals and ensure that quality services are delivered to our clients throughout the continuum of care process in the most effective and cost-efficient manner.

EXECUTIVE SUMMARY

Brain and Spinal Cord Injury Program

Additional data reports are available upon request from the Brain and Spinal Cord Injury Program, via phone at (850) 245-4045 or by sending your request to ATTENTION: DATA REQUEST, Brain and Spinal Cord Injury Program, 4052 Bald Cypress Way, BIN C-25, Tallahassee, Florida, 32399-1744.

PROGRAM INFORMATION

Brain and Spinal Cord Injury Program

PURPOSE

Chapter 381, F.S., mandates that the Brain and Spinal Cord Injury Program (BSCIP) develop and administer a coordinated program to serve persons who have sustained a moderate-to-severe traumatic brain and/or spinal cord injury. The BSCIP can provide for acute care, inpatient and/or outpatient rehabilitation, transitional living services, adaptive modifications of homes and vehicles, adaptive equipment, prevention, education, and research. Long-term care services are provided to eligible clients through the Medicaid Home and Community-Based Waiver program. Contractual partners provide services to program clients and others impacted by injuries to sustain community reintegration.

MISSION

The mission of the BSCIP is to provide all eligible residents who sustain a moderate-to-severe traumatic brain and/or spinal cord injury the opportunity to obtain the necessary services enabling them to remain in or return to their communities.

GOALS

The goals of the program are to reintegrate injured individuals into their communities, ensure that quality services are delivered in the most effective and cost-efficient manner through a coordinated care system, and utilize program funds to leverage federal dollars and grants to support the long-term goals of the program.

PROGRAM ELIGIBILITY

Any Florida resident who has sustained a traumatic brain or spinal cord injury meeting the state's definition of such injuries, as defined in Chapter 381.745, F.S., and Chapter 64I-1.001, Florida Administrative Code (F.A.C.), and who has been referred to the BSCIP Central Registry (1-800-342-0778) is eligible for services. The individual must be medically stable to be eligible for services and there must be a reasonable expectation that, with the provision of appropriate services and support, the person can return to the community.

REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

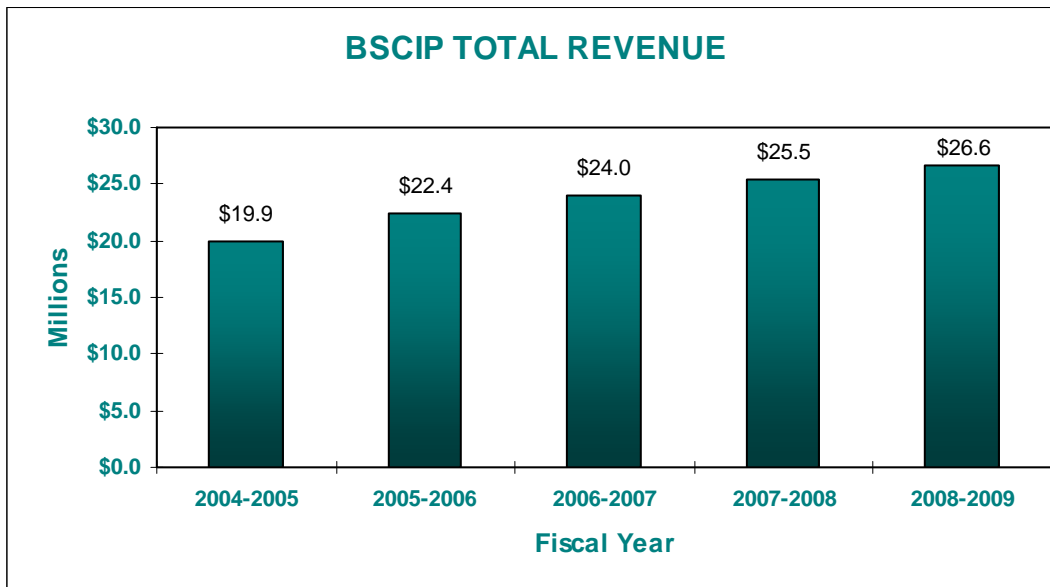
This report summarizes the BSCIP’s revenue, budget, and expenditures for the Brain and Spinal Cord Injury Program Trust Fund. The following revenue and budget information was obtained from the Financial Information System and does not reflect certified forwards or non-BSCIP trust fund dollars.

BSCIP also administers the Medically Fragile Program for individuals on ventilators residing at the Broward Children’s Center who have aged out of the Medicaid program. General revenue funds totaling \$610,020 are used to reimburse the Broward Children’s Center at the daily Medicaid rate for up to five individuals. The program also administers the Adult Cystic Fibrosis Waiver Program through a non-BSCIP trust funded contract totaling \$761,702 with Abilities of Florida. Additional revenues that were appropriated by specific line item include \$90,000 in support of the Darrell Gwynn Foundation Wheelchair Donation Program and \$909,408 to the Brain Injury Association of Florida.

TOTAL REVENUE

Total revenue made available to the Brain and Spinal Cord Injury Program Trust Fund through traffic-related civil penalties, temporary license tags, federal Medicaid reimbursements and subrogation was \$26,662,845.

Figure 1



REVENUE AND BUDGET

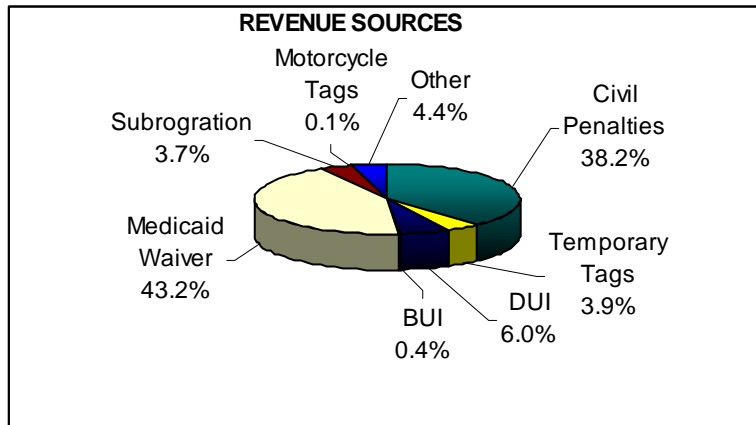
Brain and Spinal Cord Injury Program

BSCIP TRUST FUND REVENUE SOURCES

Total Revenue - \$26,662,845

- Traffic-Related Civil Penalties – \$10,190,137
- Temporary License Tags – \$1,051,708
- Driving Under the Influence Fines – \$1,611,943
- Boating Under the Influence Fines – \$111,318
- Medicaid Waiver Federal Reimbursements – \$11,506,156
- Subrogation – \$991,372
- Motorcycle Specialty Tags – \$25,340
- Other – \$1,174,871

Figure 2

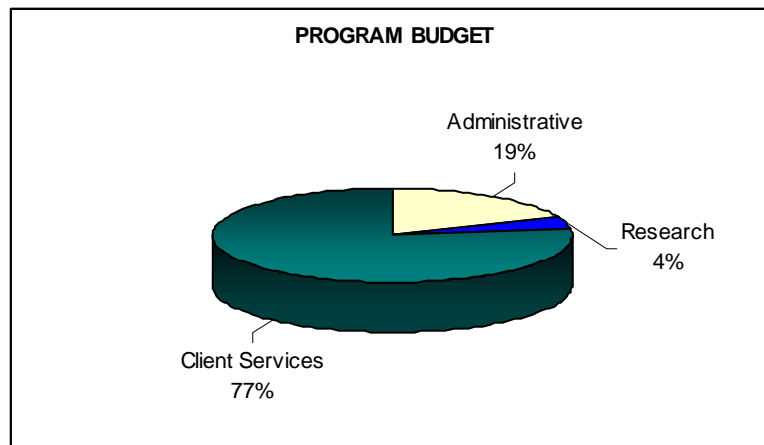


PROGRAM BUDGET

Total Budget Authority – \$25,224,442 (Source: 08-09 General Appropriations Act)

- Administration – \$4,774,220
- Research – \$1,000,000
 - University of Florida
 - University of Miami
- Total Client Services – \$19,450,222

Figure 3



REVENUE AND BUDGET

Brain and Spinal Cord Injury Program

CLIENT SERVICES CONTRACTS AND DIRECT ORDERS

Brain Injury Association of Florida – \$2,404,853
Family/Community Support Program
Resource Center

Florida Alliance for Assistive Services and Technology – \$952,245
Assistive Technology Resource Center
FAAST Spinal Cord Injury Resource Center
Florida Disabled Outdoors Association
Nursing Home Survey
Institutional Transition Initiative

Sponsorships – \$15,000
Kids ‘n Canines – Service Animal Sponsorship
Second Chance of Northwest Florida – TBI Day Program
AbleTrust Youth Leadership Forum
The Family Café
National Association of State Head Injury Administrators Annual Conference

Marquis – Information Technology Services Staffing (3 positions) – \$338,560

ISC – Project Management Services Staffing (1 position) – \$150,525

Cornerstone Software Services (1 position) - \$2500

Manpower – Staffing Services (5 positions) – \$182,000

Vitaver and Associates – Staffing Services (11 positions) – \$459,762

PROGRAM EXPENDITURES

Total program expenditures were \$27,302,598. Every effort was made to provide individuals with the basic and essential services needed to be safely reintegrated back into the community utilizing federal, state and community resources. The BSCIP trust fund was used as the payor of last resort to fill unmet needs.

CENTRAL REGISTRY

Brain and Spinal Cord Injury Program

CENTRAL REGISTRY

In accordance with section 381.74, F.S., and Chapter 64I-1.001(1)e, F.A.C., the department established and currently maintains a central registry of persons who sustained a traumatic moderate-to-severe brain and/or spinal cord injury. Every public health agency, private health agency, public agency or social agency, and attending physician is required to report such injuries to the program within five days after the identification or diagnosis of these injuries.

All individuals reported to the Central Registry are referred to the region where the individual was injured and assigned to a case manager. Injured individuals or a family representative are contacted within 10 days by the case manager to determine eligibility for services and are advised of all federal, state, and community resources. If the injured individual is eligible for and requests program services, the BSCIP case manager will work with the client and family to develop a plan of rehabilitation and care.

The statutory definitions of brain and spinal cord injury are:

- A spinal cord injury is a lesion to the spinal cord or cauda equina, resulting from external trauma, with evidence of significant involvement of two of the following deficits or dysfunctions: (1) motor deficit, (2) sensory deficit, or (3) bowel and bladder dysfunction. (Section 381.745(2)(a), F.S.)
- A brain injury is an insult to the skull, brain, or its covering resulting from external trauma that produces an altered state of consciousness or anatomic, sensory, cognitive, or behavioral deficits. (Section 381.745(2)(b), F.S.)

The Central Registry was used as the primary data source for the Data and Statistics chapter of this report. The data in this report reflects only those individuals who sustained a moderate-to-severe brain or spinal cord injury and does not include data for those individuals who died prior to their referral being made to the Central Registry.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

PERFORMANCE INDICATORS

Indicator 1 - Percent of Referrals Reported by State-Approved Trauma Centers and Designated Acute Care Facilities

Referrals to the Central Registry primarily came from State-Approved Trauma Centers (SATCs) and BSCIP Designated Acute Care Facilities (DFs). A SATC is an acute care hospital that has met department standards for providing specialty care to trauma victims. A DF is an acute care facility that has met BSCIP standards to provide specialty care to individuals who have sustained a brain and/or spinal cord injury. The department has set a goal that 95% of all referrals be submitted by SATCs and DFs.

Of the new injuries reported from hospitals, 93.1% were referred from a SATC or a DF. This is within 1.9% of the department's goal. BSCIP continues to work with the Division of Emergency Medical Operations and acute care hospitals to improve this percentage. Funding allocated to build new trauma centers should dramatically increase this percentage in coming years.

Figure 4

Referral Source Type	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
SATCs/Designated Facilities	2327	93.2%	347	92.8%	118	92.2%	2792	93.1%
Other Acute Care Hospitals	171	6.8%	27	7.2%	10	7.8%	208	6.9%
Total	2498	100.0%	374	100.0%	128	100.0%	3000	100.0%

This chart represents referrals received from hospital sources only. It does not include referrals from any other referral sources.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Indicator 2 - Days between Date of Injury and Date of Referral to the Central Registry

Section 381.74, F.S., requires that all acute care hospitals report moderate-to-severe traumatic brain and spinal cord injuries to the Central Registry within five days of the injury diagnosis. The department has set a goal that 90% of all referrals be reported to the Central Registry within 10 days of the date the injury was identified.

This fiscal year, 88.4% of referrals were made within 10 days of the date of injury. This is within 1.6% of the department's goal. BSCIP continually works with acute care hospitals and the referral process to find ways of increasing the percentage of referrals made within 10 days of the date of injury.

Figure 5

Delay	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
0 - 5 days	1902	76.1%	268	71.7%	90	70.3%	2260	75.3%
6 - 10 days	331	13.3%	45	12.0%	17	13.3%	393	13.1%
11 - 20 days	144	5.8%	36	9.6%	13	10.2%	193	6.4%
21 - 30 days	53	2.1%	12	3.2%	2	1.6%	67	2.2%
31 - 60 days	51	2.0%	7	1.9%	2	1.6%	60	2.0%
60 Plus Days	17	.7%	6	1.6%	4	3.1%	27	.9%
Total	2498	100.0%	374	100.0%	128	100.0%	3000	100.0%

This chart represents referrals received from hospital sources only. It does not include referrals from any other referral sources.

Indicator 3 - Percent of BSCIP-Eligible Clients Community Reintegrated

The hallmark of the BSCIP is the provision of community reintegration services with the purpose of successfully returning individuals who have sustained a moderate-to-severe brain and/or spinal cord injury back into their community once they are medically stabilized.

The department has set a goal to successfully reintegrate 95% of all program-eligible clients back into the community. A successful community reintegration closure is a case that was closed from the program with no further need for BSCIP services, referred to the Division of Vocational Rehabilitation (VR), referred to another community agency, or referred to the Medicaid Home and Community-Based Waiver for more extensive community support services. Of the 993 eligible cases closed during the year, 86.3% were considered community reintegrated upon closure from the program. This number is 8.7% below the target goal.

Due to budget constraints during the fiscal year, five case manager and seven rehabilitation technician positions were unfilled during the majority of the year. An in depth analysis of low community reintegration percentages by BSCIP service regions for the fiscal year revealed that regions with the highest number of vacant case manager positions showed the lowest percent

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

of community reintegration, while the regions with the lowest numbers of vacant case manager positions showed the highest level of community reintegration percentages. Regions 1, 3 and 4 combined had a total of one vacant case manager position during the year and reported community reintegration percentages of 89 percent or higher, while Regions 2 and 5, which each had two vacant case manager positions for the majority of the year, reported community reintegration percentages of less than 80 percent. It can be concluded from the analysis that the low community reintegration percentages appear to be highly related to case manager staffing shortages. It is of significance to note that case manager vacancy numbers and community reintegration percentages for last year showed similar patterns.

Figure 6

Closure Status Outcome	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Community Reintegrated	607	86.5%	188	85.1%	62	88.6%	857	86.3%
Non-Community Reintegrated	95	13.5%	33	14.9%	8	11.4%	136	13.7%
Total	702	100.0%	221	100.0%	70	100.0%	993	100.0%

Indicator 4 - Average Consumer Satisfaction Score

The BSCIP contracts with the Brain Injury Association of Florida (BIAF) and the Florida Alliance for Assistive Services and Technology (FAAST) to conduct BSCIP Consumer Satisfaction Surveys with eligible clients 30 days after their case is closed by the program. The purpose of the surveys is to measure consumer satisfaction with regard to the quality of services provided by BSCIP case managers to program-eligible clients across the state. Consumer Satisfaction Scores range from a one, which represents the lowest level of satisfaction, to a five, which represents the highest level of satisfaction.

Brain Injuries (Includes Single and Dual Diagnosis Brain Injuries)

The BIAF contacted 759 BSCIP program-eligible clients who had sustained a brain injury and whose cases were closed by the program during the year. The average Consumer Satisfaction score for these clients was 4.8 on a 5-point scale.

Spinal Cord Injuries (Includes Single and Dual Diagnosis Spinal Cord Injuries)

The FAAST contacted 120 BSCIP program-eligible clients who had sustained a spinal cord injury and whose cases were closed by the program during the year. The average Consumer Satisfaction score for these clients was 4.5 on a 5-point scale.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

NEW INJURIES REPORTED

By Injury Type

There were 3,157 new injuries reported to the Brain and Spinal Cord Injury Program Central Registry. Of these, 82.5% were for moderate-to-severe brain injuries, 13.2% were for spinal cord injuries, and 4.3% were for dual diagnosis injuries.

Figure 7

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
2606	82.5%	416	13.2%	135	4.3%	3157	100.0%

By Gender

Of the new injuries reported, males accounted for 75.3% of new injuries for all injury types.

Figure 8

Gender	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	1952	74.9%	331	79.6%	94	69.6%	2377	75.3%
Female	654	25.1%	85	20.4%	41	30.4%	780	24.7%
Total	2606	100.0%	416	100.0%	135	100.0%	3157	100.0%

By Race/Ethnicity

Of the new injuries reported, Whites (57.9%) accounted for the largest percentage of injuries followed by Hispanics/Latinos (20.5%) for all injury types.

Figure 9

Race/Ethnicity	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	1525	58.5%	233	56.0%	70	51.9%	1828	57.9%
African American/ Black	366	14.0%	110	26.4%	25	18.5%	501	15.9%
Hispanic/Latino	573	22.0%	47	11.3%	27	20.0%	647	20.5%
Other	142	5.4%	26	6.3%	13	9.6%	181	5.7%
Total	2606	100.0%	416	100.0%	135	100.0%	3157	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Age

The age groups with the largest percentage of injuries for all injury types was 21-25 year-olds (11.3%), 46-50 year-olds (7.8%), 26-30 year-olds (7.7%), and 51-55 year-olds (7.5%).

Figure 10

Age at Time of Injury	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
Birth - 2	68	2.6%	1	2	.5%	0	0	.0%	.	70	2.2%	1
3 - 5	39	1.5%	4	1	.2%	3	2	1.5%	4	42	1.3%	4
6 - 10	57	2.2%	8	2	.5%	10	3	2.2%	9	62	2.0%	8
11 - 15	107	4.1%	13	10	2.4%	14	2	1.5%	14	119	3.8%	13
16 - 18	163	6.3%	17	29	7.0%	17	15	11.1%	17	207	6.6%	17
19 - 20	133	5.1%	19	20	4.8%	19	5	3.7%	20	158	5.0%	19
21 - 25	288	11.1%	23	58	13.9%	23	11	8.1%	23	357	11.3%	23
26 - 30	195	7.5%	28	34	8.2%	28	15	11.1%	28	244	7.7%	28
31 - 35	184	7.1%	33	24	5.8%	34	11	8.1%	33	219	6.9%	33
36 - 40	160	6.1%	38	22	5.3%	38	15	11.1%	38	197	6.2%	38
41 - 45	185	7.1%	43	37	8.9%	43	10	7.4%	43	232	7.3%	43
46 - 50	187	7.2%	48	49	11.8%	48	10	7.4%	49	246	7.8%	48
51 - 55	185	7.1%	53	39	9.4%	53	13	9.6%	53	237	7.5%	53
56 - 60	141	5.4%	58	26	6.3%	58	7	5.2%	58	174	5.5%	58
61 - 65	104	4.0%	63	19	4.6%	63	3	2.2%	63	126	4.0%	63
66 - 70	104	4.0%	68	12	2.9%	68	1	.7%	67	117	3.7%	68
71 - 75	89	3.4%	73	7	1.7%	74	5	3.7%	73	101	3.2%	73
76 - 80	80	3.1%	78	6	1.4%	79	3	2.2%	78	89	2.8%	78
80 Plus	137	5.3%	86	19	4.6%	85	4	3.0%	86	160	5.1%	86
Total	2606	100.0%	40	416	100.0%	41	135	100.0%	39	3157	100.0%	40

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Cause of Injury

Of the new injuries reported, Auto/Truck-related (28.5%), Jump/Fall-related (21.2%), Motorcycle-related (11.7%), and Assault/Altercation-related (6.6%) injuries accounted for 68.0% of all new injuries.

Figure 11

Cause of Injury		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	736	28.3%	113	27.2%	49	36.3%	898	28.5%
	Motorcycle	332	12.7%	23	5.5%	14	10.4%	369	11.7%
	ATV/Moped/Dirtbike	100	3.8%	15	3.6%	6	4.4%	121	3.8%
	Bicycle	94	3.6%	12	2.9%	3	2.2%	109	3.5%
	Pedestrian/Auto	278	10.7%	11	2.6%	11	8.1%	300	9.5%
	Pedestrian/Bicycle	4	.2%	0	.0%	0	.0%	4	.1%
	Pedestrian/Unknown	8	.3%	0	.0%	0	.0%	8	.3%
	Airplane/Train Crash	4	.2%	0	.0%	0	.0%	4	.1%
	Total	1556	59.7%	174	41.8%	83	61.5%	1813	57.4%
Falls	Jump/Fall	539	20.7%	101	24.3%	30	22.2%	670	21.2%
	Fall from Auto/Truck	18	.7%	2	.5%	0	.0%	20	.6%
	Total	557	21.4%	103	24.8%	30	22.2%	690	21.9%
Violence	Assault/Altercation	196	7.5%	8	1.9%	3	2.2%	207	6.6%
	Handgun	47	1.8%	59	14.2%	7	5.2%	113	3.6%
	Rifle	22	.8%	6	1.4%	3	2.2%	31	1.0%
	Stabbing	3	.1%	1	.2%	0	.0%	4	.1%
	Domestic Violence	4	.2%	0	.0%	0	.0%	4	.1%
	Shaken Baby	11	.4%	0	.0%	0	.0%	11	.3%
	Total	283	10.9%	74	17.8%	13	9.6%	370	11.7%
Sports/Recreation	Boating/Jet Ski	8	.3%	1	.2%	0	.0%	9	.3%
	Diving into a pool	2	.1%	3	.7%	0	.0%	5	.2%
	Diving into a natural body of water	1	.0%	9	2.2%	4	3.0%	14	.4%
	Swimming	1	.0%	2	.5%	0	.0%	3	.1%
	Football/Soccer/Hockey	3	.1%	6	1.4%	0	.0%	9	.3%
	Skating/Skateboard/Scooter	12	.5%	0	.0%	1	.7%	13	.4%
	Other Sport	16	.6%	11	2.6%	0	.0%	27	.9%
	Total	43	1.7%	32	7.7%	5	3.7%	80	2.5%
Other	Falling Object	29	1.1%	9	2.2%	1	.7%	39	1.2%
	Heavy Equipment	4	.2%	1	.2%	0	.0%	5	.2%
	Medical Complication	9	.3%	6	1.4%	0	.0%	15	.5%
	Other	79	3.0%	11	2.6%	3	2.2%	93	2.9%
	Unknown	44	1.7%	5	1.2%	0	.0%	49	1.6%
	War-Related	1	.0%	1	.2%	0	.0%	2	.1%
Total	166	6.4%	33	7.9%	4	3.0%	203	6.4%	
Table Total		2606	100.0%	416	100.0%	135	100.0%	3157	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

TOTAL CLIENTS SERVED

The BSCIP provided community reintegration services to 2,260 clients. The highest percentage of clients served were white males between the ages of 16-18 and 21-30 years-old with a single diagnosis brain injury that was caused by a traffic-related crash. This count includes both open and closed cases that received community reintegration services during the year. Clients may have been referred in previous years.

By Injury Type

Figure 12

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
1539	68.1%	568	25.1%	153	6.8%	2260	100.0%

By Gender

Figure 13

Gender	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	1072	69.7%	447	78.7%	108	70.6%	1627	72.0%
Female	463	30.1%	119	21.0%	45	29.4%	627	27.7%
Unknown	4	.3%	2	.4%	0	.0%	6	.3%
Total	1539	100.0%	568	100.0%	153	100.0%	2260	100.0%

By Race/Ethnicity

Figure 14

Race/Ethnicity	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	971	63.1%	322	56.7%	71	46.4%	1364	60.4%
African American/Black	263	17.1%	161	28.3%	41	26.8%	465	20.6%
Hispanic/Latino	262	17.0%	58	10.2%	31	20.3%	351	15.5%
Other	43	2.8%	27	4.8%	10	6.5%	80	3.5%
Total	1539	100.0%	568	100.0%	153	100.0%	2260	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Age

Figure 15

Age	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Birth – 2	47	3.1%	2	.4%	1	.7%	50	2.2%
3 - 5	37	2.4%	2	.4%	3	2.0%	42	1.9%
6 - 10	70	4.5%	3	.5%	5	3.3%	78	3.5%
11 - 15	105	6.8%	23	4.0%	4	2.6%	132	5.8%
16 - 18	196	12.7%	54	9.5%	24	15.7%	274	12.1%
19 - 20	119	7.7%	46	8.1%	12	7.8%	177	7.8%
21 - 25	197	12.8%	89	15.7%	17	11.1%	303	13.4%
26 - 30	151	9.8%	43	7.6%	14	9.2%	208	9.2%
31 - 35	88	5.7%	45	7.9%	13	8.5%	146	6.5%
36 - 40	99	6.4%	36	6.3%	14	9.2%	149	6.6%
41 - 45	117	7.6%	46	8.1%	6	3.9%	169	7.5%
46 - 50	80	5.2%	56	9.9%	13	8.5%	149	6.6%
51 - 55	70	4.5%	51	9.0%	11	7.2%	132	5.8%
56 - 60	59	3.8%	30	5.3%	6	3.9%	95	4.2%
61 - 65	42	2.7%	19	3.3%	5	3.3%	66	2.9%
66 - 70	22	1.4%	12	2.1%	2	1.3%	36	1.6%
71 - 75	13	.8%	5	.9%	2	1.3%	20	.9%
76 - 80	10	.6%	5	.9%	1	.7%	16	.7%
80 Plus	15	1.0%	1	.2%	0	.0%	16	.7%
Unknown	2	.1%	0	.0%	0	.0%	2	.1%
Total	1539	100.0%	568	100.0%	153	100.0%	2260	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Cause of Injury

Figure 16

Cause of Injury		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	618	40.2%	193	34.0%	71	46.4%	882	39.0%
	Motorcycle	235	15.3%	57	10.0%	23	15.0%	315	13.9%
	ATV/Moped/Dirtbike	78	5.1%	23	4.0%	8	5.2%	109	4.8%
	Bicycle	66	4.3%	18	3.2%	1	.7%	85	3.8%
	Pedestrian/Auto	134	8.7%	4	.7%	11	7.2%	149	6.6%
	Pedestrian/Bicycle	1	.1%	0	.0%	0	.0%	1	.0%
	Pedestrian/Unknown	6	.4%	0	.0%	0	.0%	6	.3%
	Airplane/Train Crash	4	.3%	1	.2%	0	.0%	5	.2%
<i>Total</i>	1142	74.2%	296	52.1%	114	74.5%	1552	68.7%	
Falls	Jump/Fall	162	10.5%	95	16.7%	13	8.5%	270	11.9%
	Fall from Auto/Truck	11	.7%	1	.2%	0	.0%	12	.5%
	<i>Total</i>	173	11.2%	96	16.9%	13	8.5%	282	12.5%
Violence	Assault/Altercation	67	4.4%	13	2.3%	3	2.0%	83	3.7%
	Handgun	33	2.1%	92	16.2%	8	5.2%	133	5.9%
	Rifle	9	.6%	7	1.2%	7	4.6%	23	1.0%
	Domestic Violence	6	.4%	0	.0%	0	.0%	6	.3%
	Shaken Baby	20	1.3%	0	.0%	0	.0%	20	.9%
	<i>Total</i>	135	8.8%	112	19.7%	18	11.8%	265	11.7%
Sports/Recreation	Boating/Jet Ski	6	.4%	3	.5%	0	.0%	9	.4%
	Diving into a pool	2	.1%	3	.5%	1	.7%	6	.3%
	Diving into a natural body of water	1	.1%	23	4.0%	3	2.0%	27	1.2%
	Swimming	2	.1%	0	.0%	0	.0%	2	.1%
	Football/Soccer/Hockey	3	.2%	4	.7%	0	.0%	7	.3%
	Skating/Skateboard/Scooter	8	.5%	0	.0%	1	.7%	9	.4%
	Other Sport	7	.5%	12	2.1%	1	.7%	20	.9%
	<i>Total</i>	29	1.9%	45	7.9%	6	3.9%	80	3.5%
Other	Falling Object	12	.8%	6	1.1%	1	.7%	19	.8%
	Heavy Equipment	4	.3%	2	.4%	0	.0%	6	.3%
	Medical Complication	0	.0%	1	.2%	0	.0%	1	.0%
	Other	32	2.1%	8	1.4%	1	.7%	41	1.8%
	Unknown	12	.8%	0	.0%	0	.0%	12	.5%
	War-Related	0	.0%	2	.4%	0	.0%	2	.1%
	<i>Total</i>	60	3.9%	19	3.3%	2	1.3%	81	3.6%
Table Total		1539	100.0%	568	100.0%	153	100.0%	2260	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

CASE CLOSURES

BSCIP closed 3,423 cases during the fiscal year. Cases can be closed from referral, applicant, or plan status. A 'referral' status closure means the case was closed after the referral was submitted to the Central Registry, but before the individual applied for services from the program. An 'applicant' status closure means the client completed an application to the program, but the case was closed prior to becoming program-eligible. A 'plan' status closure means the client's case was closed after acceptance into the program and a Community Reintegration Plan (CRP) had been written.

By Closure Status Type

Of the 3,423 cases closed, 68.0% were closed in referral status and 29.0% were closed in plan status.

Figure 17

Closure Status Type	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referral Status	2010	71.9%	226	49.0%	86	53.1%	2328	68.0%
Applicant Status	82	2.9%	14	3.0%	6	3.7%	102	3.0%
Plan Status	702	25.1%	221	47.9%	70	43.2%	993	29.0%
Total	2794	100.0%	461	100.0%	162	100.0%	3423	100.0%

By Referral/Applicant Status Closures

The program closed 2,430 cases in referral or applicant status. The leading reasons for closure were declined services (19.2%), death (15.3%), and being program ineligible (16.2%) for BSCIP community reintegration services.

Figure 18

Referral/Applicant Status Closures	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Referred to VR	8	.4%	2	.8%	0	.0%	10	.4%
Referred to Other Agency	89	4.3%	13	5.4%	4	4.3%	107	4.4%
Institutionalized	206	9.8%	45	18.8%	14	15.2%	266	10.9%
Death	324	15.5%	27	11.3%	22	23.9%	373	15.3%
Declined Services	423	20.2%	37	15.4%	5	5.4%	466	19.2%
Failure to Cooperate	104	5.0%	5	2.1%	6	6.5%	117	4.8%
Left Area	45	2.2%	8	3.3%	6	6.5%	59	2.4%
Medically Ineligible	170	8.1%	23	9.6%	7	7.6%	201	8.3%
Not a Legal Florida Resident	213	10.2%	42	17.5%	16	17.4%	271	11.2%
Program Ineligible	360	17.2%	24	10.0%	9	9.8%	393	16.2%
Unable to Locate	150	7.2%	14	5.8%	3	3.3%	167	6.9%
Total	2092	100.0%	240	100.0%	92	100.0%	2430	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

By Plan Status Closures

Of the 993 cases closed in plan status, 86.3% were closed as community reintegrated. The remaining 13.7% of cases were closed as a result of the consumer being un-locatable (3.3%), failing to cooperate with program requirements (2.9%), declining program services (2.1%), being institutionalized (2.0%), dying (1.7%), or leaving the area (1.6%).

Figure 19

Plan Status Closures		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Community Reintegrated	Community Reintegrated	546	77.8%	172	77.8%	55	78.6%	773	77.8%
	Voc Rehab (VR)	35	5.0%	11	5.0%	6	8.6%	52	5.2%
	Referred to Non-VR Agency	26	3.7%	4	1.8%	1	1.4%	31	3.1%
	Post Closure	0	.0%	1	.5%	0	.0%	1	.1%
	Total	607	86.5%	188	85.1%	62	88.6%	857	86.3%
Non-Community Reintegrated	Institutionalized	10	1.4%	9	4.1%	1	1.4%	20	2.0%
	Death	11	1.6%	3	1.4%	3	4.3%	17	1.7%
	Declined Services	12	1.7%	9	4.1%	0	.0%	21	2.1%
	Failure to Cooperate	22	3.1%	5	2.3%	2	2.9%	29	2.9%
	Left Area	13	1.9%	3	1.4%	0	.0%	16	1.6%
	Unable to Locate	27	3.8%	4	1.8%	2	2.9%	33	3.3%
	Total	95	13.5%	33	14.9%	8	11.4%	136	13.7%
Table Total		702	100.0%	221	100.0%	70	100.0%	993	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

MEDICAID HOME AND COMMUNITY-BASED WAIVER SERVICES

The Medicaid Home and Community-Based Waiver Program provided services to 332 individuals with moderate-to-severe traumatic brain or spinal cord injury at an average cost of \$31,335.46 per client. Medicaid Waiver services are provided to individuals who may otherwise be placed in a skilled nursing facility. The waiver program offers the following 12 core services:

- Community Support Coordination
- Companion Services
- Attendant Care
- Behavioral Programming
- Life-Skills Training
- Adaptive Health and Wellness
- Personal Adjustment Counseling
- Assistive Technology and Adaptive Equipment
- Personal Care
- Environmental Accessibility Adaptation
- Rehabilitative Engineering Evaluations
- Consumable Medical Supplies

Waiver Services by Injury Type

Of the 332 clients served, 120 or 36.1% sustained a brain injury, 200 or 60.2% sustained a spinal cord injury, and 12 or 3.6% sustained a dual diagnosis injury.

Figure 20

Injury Type							
Brain		Spinal		Brain & Spinal		Total	
Count	%	Count	%	Count	%	Count	%
120	36.1%	200	60.2%	12	3.6%	332	100.0%

Waiver Services by Gender

Males accounted for 75.9% of all waiver clients.

Figure 21

Gender	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
Male	94	78.3%	149	74.5%	9	75.0%	252	75.9%
Female	26	21.7%	51	25.5%	3	25.0%	80	24.1%
Total	120	100.0%	200	100.0%	12	100.0%	332	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Race/Ethnicity

Whites accounted for the largest percentage (79.5%) of all waiver clients.

Figure 22

Race/Ethnicity	Injury Type							
	Brain		Spinal		Brain & Spinal		Total	
	Count	%	Count	%	Count	%	Count	%
White	103	85.8%	152	76.0%	9	75.0%	264	79.5%
African American/Black	10	8.3%	35	17.5%	2	16.7%	47	14.2%
Hispanic/Latino	5	4.2%	12	6.0%	1	8.3%	18	5.4%
Other	2	1.7%	1	.5%	0	.0%	3	.9%
Total	120	100.0%	200	100.0%	12	100.0%	332	100.0%

Waiver Services by Age

The age groups with the largest percentage of injuries for all injury types was 26-30 year-olds (17.8%), 41-45 year-olds (16.3%), and 46-50 year-olds (16.0%). The average age of waiver clients was 41.2 years of age.

Figure 23

Current Age	Injury Type											
	Brain			Spinal			Brain & Spinal			Total		
	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age	Count	%	Mean Age
21 - 25	15	12.5%	24.7	10	5.0%	24.2	1	8.3%	23.5	26	7.8%	24.5
26 - 30	26	21.7%	28.8	30	15.0%	28.7	3	25.0%	30.1	59	17.8%	28.8
31 - 35	17	14.2%	33.7	18	9.0%	33.2	2	16.7%	31.1	37	11.1%	33.3
36 - 40	18	15.0%	39.0	17	8.5%	38.8	2	16.7%	38.5	37	11.1%	38.9
41 - 45	17	14.2%	43.8	35	17.5%	44.0	2	16.7%	41.5	54	16.3%	43.8
46 - 50	11	9.2%	48.0	41	20.5%	48.4	1	8.3%	48.0	53	16.0%	48.3
51 - 55	7	5.8%	53.1	24	12.0%	53.4	1	8.3%	52.2	32	9.6%	53.3
56 - 60	6	5.0%	58.7	14	7.0%	58.4	0	.0%	.	20	6.0%	58.5
61 - 65	2	1.7%	62.8	10	5.0%	62.2	0	.0%	.	12	3.6%	62.3
65 Plus	1	.8%	67.4	1	.5%	66.0	0	.0%	.	2	.6%	66.7
Total	120	100.0%	38.2	200	100.0%	43.3	12	100.0%	36.3	332	100.0%	41.2

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cause of Injury

Auto/Truck-related (44.3%) injuries accounted for the largest percentage of all waiver client injuries.

Figure 24

Cause of Injury		Injury Type							
		Brain		Spinal		Brain & Spinal		Total	
		Count	%	Count	%	Count	%	Count	%
Traffic-Related	Auto/Truck	69	57.5%	73	36.5%	5	41.7%	147	44.3%
	Motorcycle	12	10.0%	5	2.5%	3	25.0%	20	6.0%
	ATV/Moped/Dirtbike	3	2.5%	7	3.5%	0	.0%	10	3.0%
	Bicycle	3	2.5%	5	2.5%	0	.0%	8	2.4%
	Pedestrian/Auto	15	12.5%	3	1.5%	1	8.3%	19	5.7%
	Unknown Vehicle	1	.8%	3	1.5%	0	.0%	4	1.2%
	Total	103	85.8%	96	48.0%	9	75.0%	208	62.7%
Falls	Jump/Fall	5	4.2%	18	9.0%	1	8.3%	24	7.2%
	Total	5	4.2%	18	9.0%	1	8.3%	24	7.2%
Violence	Assault/Altercation	3	2.5%	3	1.5%	0	.0%	6	1.8%
	Handgun	3	2.5%	14	7.0%	0	.0%	17	5.1%
	Rifle	1	.8%	2	1.0%	0	.0%	3	.9%
	Other Gun	0	.0%	1	.5%	0	.0%	1	.3%
	Stabbing	0	.0%	1	.5%	0	.0%	1	.3%
	Total	7	5.8%	21	10.5%	0	.0%	28	8.4%
Sports/Recreation	Diving into a pool	0	.0%	6	3.0%	0	.0%	6	1.8%
	Diving into a natural body of water	0	.0%	38	19.0%	0	.0%	38	11.4%
	Swimming	0	.0%	2	1.0%	1	8.3%	3	.9%
	Recreational Sport	0	.0%	3	1.5%	0	.0%	3	.9%
	Other Sport	0	.0%	1	.5%	0	.0%	1	.3%
	Total	0	.0%	50	25.0%	1	8.3%	51	15.4%
Other	Falling Object	1	.8%	1	.5%	0	.0%	2	.6%
	Heavy Equipment	0	.0%	1	.5%	0	.0%	1	.3%
	Medical Complication	0	.0%	2	1.0%	0	.0%	2	.6%
	Other	1	.8%	3	1.5%	0	.0%	4	1.2%
	Unknown	3	2.5%	8	4.0%	1	8.3%	12	3.6%
	Total	5	4.2%	15	7.5%	1	8.3%	21	6.3%
Table Total		120	100.0%	200	100.0%	12	100.0%	332	100.0%

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cost

Overall, the average cost of care for the 332 clients served by the waiver was \$31,335. Community support coordination, companion services, personal care, and consumable medical supplies were the most commonly provided services.

Figure 25

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Wavier Dollars Spent	Average Waiver Expenditure
Assistive Technologies	103	31.0%	\$141,451.72	1.4%	\$1,373.32
Attendant Care	90	27.1%	\$1,099,562.40	10.6%	\$12,217.36
Behavioral Programming	17	5.1%	\$112,888.80	1.1%	\$6,640.52
Community Support Coordination	307	92.5%	\$489,759.00	4.7%	\$1,595.31
Companion Services	268	80.7%	\$3,656,727.27	35.1%	\$13,644.50
Consulting Services	23	6.9%	\$34,663.00	0.3%	\$1,507.09
Consumable Med Supplies	211	63.6%	\$221,201.05	2.1%	\$1,048.35
Environmental Access Adaptation	24	7.2%	\$116,211.80	1.1%	\$4,842.16
Life Skills Training	32	9.6%	\$182,644.50	1.8%	\$5,707.64
Other	2	0.6%	\$5,550.00	0.1%	\$2,775.00
Personal Adjustment	7	2.1%	\$4,588.80	0.0%	\$655.54
Personal Care	260	78.3%	\$4,331,473.63	41.6%	\$16,659.51
Rehab Engineer Evaluation	13	3.9%	\$6,650.00	0.1%	\$511.54
Total	332	100.0%	\$10,403,371.97	100.0%	\$31,335.46

Dollar totals exclude service costs of 26 clients who participated in and received Consumer Directed Care (CDC) Plus Program services during the reporting period. The Florida Department of Elder Affairs (DOEA) tracks the waiver dollars for these clients. The Consumer Directed Care Plus Program allows individuals to utilize their waiver service dollars and have more direct control and influence in the direction of their care. Clients enrolled in the CDC Plus Program are responsible for identifying, hiring and firing service providers of their choosing. They are also accountable for their monthly budgets and are monitored by the DOEA.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Waiver Services by Cost for Brain Injuries

For **brain injuries**, the average cost of care for the 120 clients served by the waiver was \$27,521. Community support coordination, companion services, and personal care services were the most commonly provided services.

Figure 26

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Wavier Dollars Spent	Average Waiver Expenditure
Assistive Technologies	19	15.8%	\$22,585.82	0.7%	\$1,188.73
Attendant Care	8	6.7%	\$67,910.50	2.1%	\$8,488.81
Behavioral Programming	16	13.3%	\$112,168.80	3.4%	\$7,010.55
Community Support Coordination	114	95.0%	\$185,514.00	5.6%	\$1,627.32
Companion Services	106	88.3%	\$1,475,311.80	44.7%	\$13,918.04
Consulting Services	6	5.0%	\$9,290.00	0.3%	\$1,548.33
Consumable Med Supplies	50	41.7%	\$64,707.07	2.0%	\$1,294.14
Environmental Access Adaptation	4	3.3%	\$28,467.00	0.9%	\$7,116.75
Life Skills Training	27	22.5%	\$160,792.00	4.9%	\$5,955.26
Other	1	0.8%	\$2,400.00	0.1%	\$2,400.00
Personal Adjustment	3	2.5%	\$1,344.00	0.0%	\$448.00
Personal Care	84	70.0%	\$1,170,181.75	35.4%	\$13,930.74
Rehab Engineer Evaluation	3	2.5%	\$1,800.00	0.1%	\$600.00
Total	120	100.0%	\$3,302,472.74	100.0%	\$27,520.61

Waiver Services by Cost for Spinal Cord Injuries

For **spinal cord injuries**, the average cost of care for the 200 clients served by the waiver was \$33,539. Community support coordination, personal care services, consumable medical supplies, and companion services were the most commonly provided services. See figure 27.

DATA AND STATISTICS

Brain and Spinal Cord Injury Program

Figure 27

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Wavier Dollars Spent	Average Waiver Expenditure
Assistive Technologies	80	40.0%	\$113,916.03	1.7%	\$1,423.95
Attendant Care	77	38.5%	\$970,075.90	14.5%	\$12,598.39
Community Support Coordination	181	90.5%	\$286,085.00	4.3%	\$1,580.58
Companion Services	152	76.0%	\$2,054,205.97	30.6%	\$13,514.51
Consulting Services	17	8.5%	\$25,373.00	0.4%	\$1,492.53
Consumable Med Supplies	153	76.5%	\$146,918.58	2.2%	\$960.25
Environmental Access Adaptation	19	9.5%	\$78,569.80	1.2%	\$4,135.25
Life Skills Training	4	2.0%	\$7,452.50	0.1%	\$1,863.13
Other	1	0.5%	\$3,150.00	0.0%	\$3,150.00
Personal Adjustment	4	2.0%	\$3,244.80	0.0%	\$811.20
Personal Care	166	83.0%	\$3,014,792.88	44.9%	\$18,161.40
Rehab Engineer Evaluation	8	4.0%	\$3,950.00	0.1%	\$493.75
Total	200	100.0%	\$6,707,734.46	100.0%	\$33,538.67

Waiver Services by Cost for Dual Diagnosis Injuries

For **dual diagnosis injuries**, the average cost of care for the 12 clients served by the waiver was \$32,764. Community support coordination, companion services, and personal care services were the most commonly provided services.

Figure 28

Services	Count	% Clients Receiving Service	Waiver Dollars Spent	% Wavier Dollars Spent	Average Waiver Expenditure
Assistive Technologies	4	33.3%	\$4,949.87	1.3%	\$1,237.47
Attendant Care	5	41.7%	\$61,576.00	15.7%	\$12,315.20
Behavioral Programming	1	8.3%	\$720.00	0.2%	\$720.00
Community Support Coordination	12	100.0%	\$18,160.00	4.6%	\$1,513.33
Companion Services	10	83.3%	\$127,209.50	32.4%	\$12,720.95
Consumable Med Supplies	8	66.7%	\$9,575.40	2.4%	\$1,196.93
Environ Access Adaptation	1	8.3%	\$9,175.00	2.3%	\$9,175.00
Life Skills Training	1	8.3%	\$14,400.00	3.7%	\$14,400.00
Personal Care	10	83.3%	\$146,499.00	37.3%	\$14,649.90
Rehab Engineer Evaluation	2	16.7%	\$900.00	0.2%	\$450.00
Total	12	100.0%	\$393,164.77	100.0%	\$32,763.73

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REHABILITATION INFORMATION MANAGEMENT SYSTEM

BSCIP uses the Rehabilitation Information Management System (RIMS) to electronically manage client records. RIMS is an integral tool used to effectively manage a case and is continually being upgraded to streamline and facilitate the workload of BSCIP staff.

Several significant modifications were implemented with RIMS during the fiscal year that include, but are not limited to, the following:

- RIMS was upgraded to meet the Department of Health, Division of Information Technology's initiatives by upgrading the RIMS framework to work with Internet Explorer 7 and by converting all existing reports to Crystal Reports 11.
- The "Case at a Glance" report was created to provide a high-level chronological timeline of events that have occurred over the life of a case. The individual records on the report are hyperlinked to that particular transaction in RIMS. This report facilitates case review and eliminates the need for case notes that document the actions staff are taking for the client.
- The financial module was enhanced to include several new reporting features and added functionality.
- All data grids in RIMS now have the ability to be exported directly into Excel with the click of one button. This extends the data reporting capabilities of RIMS by enabling staff to tailor their specific needs by utilizing the features built into Excel.
- The Things To Do (TTD) module was created to track tasks that a staff member needs to complete for a client or general work that needs to get accomplished. Certain types of TTDs are now generated automatically by RIMS, which allows a case manager to proactively manage a client's case. A TTD dashboard was also created to give staff a high level summary of all their active tasks.

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FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY

The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a not-for-profit 501(c)(3) organization. FAAST's mission is to improve the quality of life for all Floridians with disabilities through advocacy and awareness activities that increase access to and acquisition of assistive services and technology. FAAST works with consumers, family members, caregivers, providers, and agencies to help ensure that individuals with disabilities continue to benefit from assistive services and technology as they move between home, school, work, and within the community. FAAST also is supported, in part, through a contractual relationship with BSCIP, to accomplish specific core services through goals, objectives, and activities.

Services and programs provided by the FAAST Spinal Cord Injury Resource Center, the Florida Disabled Outdoor Association, and FAAST Demonstration Centers through the FAAST contract with BSCIP are incorporated throughout this report.

Statewide Information and Resource Centers

- An estimated 2,613 individuals and their families were provided toll-free information and referral services. Information on programs and services included, but was not limited to, social services programs statewide and in the community; SSA appeals; disability civil rights; qualified vendors who provide assistive technology (AT); durable medical equipment (DME); home and vehicle modifications; affordable and accessible housing; etc.
- FAAST documented 452,312 contacts to both the FAAST and FSCIRC websites, including 44,490 contacts on the FSCIRC resource database.
- The FSCIRC Family and Survivor's Guide was downloaded from the FSCIRC website 25,373 times.
- The FDOA online resource library of adaptive recreational products, programs and events received 455 web contacts.
- The FAAST website supports AT Bay, a free, online AT/DME exchange program. AT Bay allows individuals and their families to buy, trade or sell AT/DME. During this fiscal year, 51 AT devices were listed on AT Bay for reutilization and 512 visits were made to the website to view AT devices resulting in AT device exchanges across the state.
- FAAST purchases, maintains and loans assistive technology devices recommended through a needs assessment survey. This service provides consumers with access to assistive technology devices and the means to make informed decisions. During this fiscal year, FAAST's statewide assistive technology device loan program loaned 96 assistive technology devices for individuals with disabilities, including individuals with brain and spinal cord injuries.

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Education and Training

- FAAST offered trainings statewide including *Florida's Code of Ethics, Sunshine Law and Public Records Act*. Twenty-nine BSCIP staff and support professionals participated in the training and two BSCIP staff applied for and received CEU credits.
- FAAST coordinated a Certified Aging-In-Place Specialist (CAPS) training with the Tampa Bay Builders Association for 17 BSCIP staff and support professionals.
- FAAST provided hands-on training for the use of AT cognitive, communication and other assistive technology applications and devices during the Brain Injury Association of Florida (BIAF) 2009 Jamboree.
- FDOA provided training opportunities through an educational video on adaptive recreational activities for individuals with SCI/TBI, their families, and caregivers. To view this video and other important recreational activity information, visit www.fdoa.org.
- FSCIRC disseminated monthly and quarterly newsletters and informational brochures to grassroots groups, disability organizations, state agencies, and all SCI support groups.
- FSCIRC staff distributed statewide 343 up-to-date, state of the art informational packets to newly injured SCI individuals and their families.
- FAAST initiatives to serve veterans with SCI/TBI and their families included, but was not limited to:
 - Participated with officials from the James A. Haley Veterans' Administration Hospital Polytrauma Center and Clinics, BSCIP staff and other SCI/TBI systems of care community partners in a round table discussion of services available to assist returning SCI/TBI veterans.
 - Coordinated with the North Carolina Technology Act Project and Enable America to train approximately 40 veteran mentors across the country. Enable America was awarded a federal grant to serve wounded soldiers returning from conflict. FAAST presented on the basics of assistive technology, the AT Act and provided specific information unique to FAAST programs and services.
 - Met with the Department of Defense's United States Special Operations Command (USSOCOM) liaisons and the Recovery Care Coordinator at MacDill Air Force Base to discuss FAAST services and opportunities that can be coordinated, including peer mentoring services for veterans with SCI/TBI, assistive technology and other resource information.
 - Disseminated BSCIP and FAAST resource information through the FAAST veterans' listserv.
- FAAST participated in monthly Big Bend Transition Council workgroups focused on educating teachers and other exceptional student education (ESE) staff on resources available to assist students with SCI/TBI transitioning from school to work.
- FAAST hosted a two-day exhibit during Florida State University's Disability Awareness Week highlighting AT for secondary students transitioning to postsecondary educational environments.

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- FFAST presented its Statewide Device Loan and Demonstration programs to the Supreme Court/Office of the Courts Administrator 508 Workgroup.

Organizational Outreach and Service Delivery Capacity Building Activities

- FDOA provided training on SCI/TBI and adaptive recreational activities to 140 disability organizations and BSCIP staff and support professionals.
- FFAST recorded 100,938 website hits to the FFAST/BSCIP vendor database.
- FFAST continued to maintain and update the vendor recruitment list. Activities included screening to verify liability insurance, occupational license, federal tax ID numbers and other criteria before determining a vendor eligible to be added to the FFAST vendor list.
- FFAST screened 33 new AT service and product providers and added them to the statewide FFAST/BSCIP vendor list for a total of 404 qualified vendors statewide. New vendors include Medicaid Waiver providers, augmentative/alternative communication resellers, general contractors, DME providers, home medical equipment (HME) providers, wheelchair providers, vocational specialists, home modification evaluators, and mobility aid evaluators. In addition, FFAST updated 22 AT service and product vendor profiles.
- FFAST researched, developed, and distributed statewide the *Nursing Home and Health Care Facilities Resource Guide*. The comprehensive guide was distributed by listserve to BSCIP staff and support professionals and was downloaded 9,331 times from the FFAST website.
- FFAST produced a Policy Brief on Universal Design Standards with the position that the Florida Housing Finance Corporation (FHFC) require Universal Design accessibility standards for all housing funded by the FHFC. FFAST staff and Board members shared the Policy Briefs with Florida legislative members and senate staff during the FFAST Legislative Day at the Tallahassee Capitol.
- FFAST prepared a Policy Brief advocating protection of direct services provided by the BSCIP Trust Fund. In addition, prior to the start of the 2009 Legislative Session, FFAST's legislative advocate met with House and Senate members in an effort to protect the BSCIP Trust Fund from cuts.
- During the 2009 Legislative Session, FFAST advocated for legislative initiatives to establish and implement health care facility policies that ensure the safe lifting and associated handling of patients by employees to minimize the risk of injury to patients and employees.
- The General Housing Resources and Self-Help Guide was downloaded 9,967 times from the FFAST website.
- At the request of the Governor's Commission on Disabilities' Civil Rights Task Force, FFAST, in partnership with BSCIP, researched and recommended policy change designed to help eliminate disability-based discrimination and remove barriers encountered by Floridians with disabilities seeking access to state and local government services.

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- FFAST, in collaboration with BSCIP and the Florida Developmental Disabilities Council (FDDC), assisted in scoring proposals and awarding a FDDC-funded grant to the University of South Florida to complete a transportation feasibility study. The study was endorsed by the Governor's Commission on Disabilities and based on the Commission's recommendation to *"Develop a plan in collaboration with key stakeholders for the design and implementation of a consumer-directed voucher program for the provision of transportation services for individuals with disabilities living in rural and urban environments."*
- FFAST staff participated in the following community outreach activities:
 - Provided assistive technology and aging-in-place resources to transitioning adults in support of Ambassadors for Aging. Over 900 elders, including individuals with SCI/TBI and their families, attended these events.
 - National Disability Employment Awareness Month Recognition at the Capitol, October 2008
 - Department of Education's Disability History and Awareness Week Outreach, October 2008
 - World Congress on Disabilities Expo, November 2008
 - Assistive Technologies Industry Association Conference, January 2009
 - Children's Week Outreach, March 2009
 - SportsAbility, April 2009
 - The 11th Annual Family Café Conference, June 2009
 - Jamboree and Family Forum, June 2009
 - FSCIRC presented to 55 FSU graduate Vocational Rehabilitation (VR) counselors and medical students.

Spinal Cord Injury Prevention, Outreach, and Public Awareness Activities

- FSCIRC staff distributed statewide 9,568 copies of the *Knowledge is Power* newsletter to BSCIP staff, individuals with SCI/TBI and their families, and support groups. In addition, 2,937 copies of the newsletter were down loaded from the FSCIRC website.
- FSCIRC staff prepared and distributed 10,410 monthly SCI informational e-newsletters to BSCIP staff, individuals with SCI/TBI and their families, and support groups.
- FFAST staff distributed statewide 22,500 copies of the quarterly *FAAST Access Magazine*. In addition, 12,117 copies were down loaded from the FFAST website. This popular magazine featured important assistive technology, health, education, community living, employment, and other articles targeted to SCI/TBI survivors and their families, as well as articles offered by BSCIP staff and support professionals.
- The following informational brochures were distributed statewide by FFAST/FSCIRC staff to individuals with SCI and their families:
 - 816 Autonomic Dysreflexia Cards

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- 359 Christopher Reeves Directories
- 420 Family and Survivor's Guides to SCI
- 341 Florida SCI Contacts Directories
- 555 FSCIRC Brochures
- 339 Guides to Disability Rights Law
- 340 Social Security Booklets
- 348 VR Information Resources
- FFAST increased SCI/TBI awareness of 480,813 listeners statewide through National Public Radio Public Service Announcements aired throughout the year.
- FSCIRC staff informed and educated 350 students on SCI prevention and disability awareness through 10 *Go On Living with a Disability* (GOLD) presentations.

BSCIP Consumer Satisfaction and Follow-Up Surveys

- Three BSCIP quality assurance surveys were conducted by FSCIRC. Surveys measured consumer satisfaction with BSCIP services after clients' cases were closed; followed up on BSCIP clients whose cases had been closed for approximately one year; and followed up with clients who were referred by BSCIP to the state's Vocational Rehabilitation (VR) program.
- FSCIRC attempted to conduct 191 consumer satisfaction surveys. Of these, 120 (63%) were completed. BSCIP consumer satisfaction averaged 4.5 on a possible 5-point rating scale.
- FSCIRC attempted to conduct 252 one-year follow-up surveys of closed BSCIP cases. Of these, 163 (65%) were completed. Findings indicated that 88% have housing to meet their needs; 98% have family or friends to help them; and 33% have returned to work or school.
- FSCIRC attempted to conduct 22 one-year follow-up surveys of BSCIP cases referred to Vocational Rehabilitation. Of these, 18 (82%) were completed.

Provision of Direct Services and Supports for Survivors and Families

- FFAST, in partnership with BSCIP, has been providing AT/DME analyzation through the FFAST Regional Demonstration Centers and under contract with a qualified Assistive Technology Professional/Rehabilitation Engineer. The DME Analyst provides technical assistance and advice regarding the AT/DME needs of individuals with SCI/TBI.
- The FSCIRC Peer Mentor Program is designed to support newly spinal cord injured individuals with mentors who have similar disabilities and are well-adjusted and successful post-injury. FSCIRC staff recruited and trained 24 new peer mentors to provide mentor services in each BSCIP region. A total of 109 trained peer mentors are available for matching.
- FSCIRC staff matched 72 trained mentors with SCI survivors during this reporting period.

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BSCIP Institutional Case Closure Reviews

- FAAST's partnership with BSCIP incorporates an Institutional Transition Initiative (ITI) including an Institutional Transition (IT) Coordinator who serves as a BSCIP Ombudsman to assist BSCIP case managers in investigating survivor/family complaints to resolution. The ITI helps identify and monitor individuals with brain and spinal cord injuries whose cases were closed as institutionalized by BSCIP, including but not limited to, individuals who were admitted to nursing home facilities within a year of admission. The ITI also assesses BSCIP eligible individuals at risk of institutionalization and provides advisement on the coordination of essential services for the prevention of institutionalization.
- The ITI assisted 11 individuals with brain and spinal cord injuries to transition from nursing homes to the community. FAAST's IT Coordinator received and reviewed 191 closed cases as institutionalized; monitored 131 institutionalized SCI survivors working toward deinstitutionalization; and provided resolution services for 174 requests for Ombudsman assistance.
- FAAST conducted the Annual Nursing Home Survey as required by Florida Statute 381.77. Of the 672 nursing homes surveyed, 373 (55%) responded. The survey identified 298 individuals with SCI/TBI. Individuals with TBI made up 66% of those reported; males accounted for 75% of all injuries; and 47% of individuals reported the cause of injury as motor vehicle crash. Less than 1% of individuals were reported as having both SCI and TBI.

Special Projects

- FSCIRC initiated and staffed an FSCIRC Advisory Committee that meets monthly to review and improve programs, to plan for future FSCIRC statewide initiatives, and in partnership with BSCIP, work on strategic planning. To assist the FSCIRC Advisory Committee, FAAST has contracted with WellFlorida, Inc. and is coordinating the strategic planning process.
- FAAST provided support and participated in biannual BSCIP Advisory Council meetings. Staff also served on the BSCIP Advisory Council Neurobehavioral Task Force.
- FAAST's AT recycling program refurbished and provided for re-use 246 AT devices and DME for individuals with disabilities, including SCI/TBI. This total includes 29 refurbished computers.
- FAAST, in partnership with BSCIP, developed and manages an AT Emergency Fund that provides one-time financial assistance for individuals with brain injury who need memory aids and simple cognitive assistive technology and individuals with spinal cord injury who need durable medical equipment repair or replacement who otherwise could not purchase such equipment. AT emergency funds were used to purchase 13 assistive technology related services for 11 individuals with SCI/TBI and their families.
- FDOA developed and maintained a comprehensive statewide database on accessible recreation and leisure activities. During this reporting period, FDOA added or updated

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124 recreational products, 96 recreational programs, and 235 recreational events and destinations to their website.

- FDOA conducted the annual *SportsAbility* event in Tallahassee. A total of 451 individuals with disabilities and their families actively participated in the event. Participants were able to try-out a variety of recreational activities, including but not limited to, tennis, soccer, sailing, fishing, disc golf, and horseback riding.

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BRAIN INJURY ASSOCIATION OF FLORIDA

Overview

Brain Injury Association of Florida, Inc. (BIAF) is the only statewide not for profit organization in Florida dedicated solely to helping individuals and family members understand and live with the effects of traumatic brain injury (TBI). Through a statewide information and resource center and network of family support offices throughout Florida, BIAF provides information, education and support to Florida's TBI survivors and their families with the goal of helping them remain in their home and communities. BIAF informs and educates Floridians of all ages through its prevention, education and awareness programs and materials and provides TBI training and support to professionals, community organizations and support groups who serve survivors of TBI and their families.

FAMILY AND COMMUNITY SUPPORT PROGRAM

- The program served a total of 1,248 individuals.
- In person services were provided to 431 individuals with complex needs requiring in-home assessment and assistance.
- Extended guidance, support, and resources were provided to 817 individuals.
- Medical, financial, and vocational needs were the primary areas in which services were delivered.
- BIAF received 47 referrals from BSCIP for vocational rehabilitation assistance, advocacy, and support through the vocational rehabilitation process.

RESEARCH

- Provided online access to tools, materials, curriculums and assessments that resulted from supported employment granting project.
- Produced Vocational Best Practices Manual for the state of Florida.
- Investigated the feasibility of TBI day treatment/club house models in Florida and produced a white paper on the findings.

INFORMATION, RESOURCES AND REFERRAL

- Served 5,735 individuals who called the toll-free helpline .
- Helpline services expanded to seven days a week service.
- Served 1,098 individuals referred from BSCIP program.
- Served 721 individuals who requested help or assistance through email.
- Maintained a comprehensive library of publications, materials, and resources both printed and online.
- Trained 18 new TBI peer-mentors, including both English and Hispanic-speakers, for a total of 34 mentors available throughout the state.

CONSUMER, PROVIDER AND PROFESSIONAL EDUCATION

- BIAF's annual Jamboree provided social and recreational activities, educational forums and experiences for 140 survivors and family members to integrate into their daily lives.
- Maintained a collaborative partnership with TBI support groups statewide through:
 - Provision of technical assistance in management and maintenance of groups

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- Quarterly statewide teleconferences with support group leaders
- Development and distribution of products, BIAF brochures and newsletters for use in community awareness activities
- Provided TBI expertise and training through two statewide teleconferences to Medicaid waiver providers.
- Provided educational programs for 275 professionals including CMS nurses, teachers, and law enforcement officers.
- Provided the online course, Learning About Traumatic Brain Injury, The Silent Epidemic. The course was accessed by 955 individuals.

AWARENESS

- BIAF websites were accessed by a total of 46,535 unique visitors.
- Published and distributed 9,000 BrainWaves magazines statewide.
- Placed 352 public service announcements in five markets statewide through National Public Radio.
- Aired sports and concussion public service announcements during the NFL draft through WQAM Sport Radio Network- the Dolphin, Hurricane sports fan network in 31 markets statewide.
- Aired information generated from February TBI press conference on National Public Radio and local affiliate ABC Channel 27.
- Distributed packets of TBI information to 633 community agencies and organizations that serve people with brain injuries in Florida.
- Provided 43,004 prevention and awareness materials to safety program partners statewide.
- Reached 1,748 people ages 60+ with information about preventing TBI resulting from falls through the Be HeadSmart, Seniors! interactive educational program.
- Provided Project LIFT (Lessons Information Facts and Technology), an anti-drug and alcohol educational program utilized by 615 high school classes statewide.
- Provided funding and TBI-related resources to enhance injury prevention programs at six BSCIP designated facilities that reached 2,910 individuals.
- Provided safety messages using Helmutt and I.M. Brainy mascot programs to 30,060 children ages 3-12.
- Developed and published *Learning About Your Brain, How To Respect and Protect It* activity book for children ages 3-5.
- Provided each BSCIP office with a literature stand and kept it supplied with brain injury related materials for distribution to BSCIP consumers.

BSCIP PROGRAM EVALUATION & QUALITY ASSURANCE

Consumer Satisfaction Survey

- Seven hundred fifty-nine (759) BSCIP consumers were contacted regarding their satisfaction with services received from BSCIP.
- The average degree of satisfaction with BSCIP services was rated a 4.79 on a possible 5 point rating scale.

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Follow Up Survey

- Seven hundred eighty-seven (787) BSCIP consumers were contacted for the purpose of a one-year follow up to BSCIP services.
 - 96% of those surveyed indicated that they had adequate housing to meet their needs.
 - 93% said they have access to reliable transportation.
 - 96% said they have friends and family available to help them.
 - 83% said they have necessary equipment and medical supplies.
 - 80% said they are able to perform activities of daily living.
 - 51% said they are not employed or have not returned to work.
 - 30% said they do not participate in social activities within their community.

TASK FORCES AND PARTNERSHIPS

- The Brain and Spinal Cord Injury Advisory Council Neurobehavioral Task Force worked collectively to identify a continuum of care for neurobehavioral services. Model programs in other states were researched and a white paper was produced with findings.
- Participated in the Brain and Spinal Cord Injury Advisory Council's Peer Mentor and Education task forces.
- In partnership with the Florida Department of Health and WellFlorida Council, facilitated the development and production of Florida's TBI Strategic Plan, *Enhancing the Traumatic Brain Injury System of Care*.
- Served on a variety of statewide advisory councils, including Safe Kids Florida, Florida Injury Prevention Advisory Council and the Florida Public Information Education and Resource Panel.

Success Stories

Brain and Spinal Cord Injury Program

SUCCESS STORIES

As a result of the diligence and dedication of the Brain and Spinal Cord Injury General Program staff, the Medicaid Home and Community-Based Waiver Program staff, and collaboration with community partners, following are five success stories of Brain and Spinal Cord Injury Program clients who were successfully reintegrated back into the community. This reporting period, we chose to share stories that were written by recipients of services or a family member, or by staff who work directly with these clients.

MICHAEL HALL

I first met Michael Hall in 2000 as his support coordinator for the Brain and Spinal Cord Injury Program/Medicaid Waiver. Michael's story is an amazing one that embodies the quest for independence, which is the core goal of the Medicaid Waiver program.

By the age of seventeen, Michael had lost his mother, grandmother, grandfather, brother, and best friend within an 18-month period. To cope with this tremendous loss, he started drinking. By the time of his traumatic brain and cord injury at the age of 27 he was, in his own words, "nothing but a drunk." Michael's excessive drinking led his father and stepmother to have him hospitalized several times under Florida's Baker Act. At the time of his last release, Michael decided to celebrate his release with an evening out on the town. That night as his blood alcohol level was three times the legal limit, he had a terrible car accident and sustained a significant brain injury.

Michael was comatose for three months at West Florida Hospital in Pensacola, FL. Michael awakened and found he no longer had the brain function to walk independently, talk as he used to, write, and complete other daily activities. He spent three months at the West Florida Rehabilitation facility where he was uncooperative, combative, and unable to accept his reality. Returning home in a wheelchair, Michael contemplated suicide by wheeling himself into a busy highway. He resumed his heavy drinking and illicit drug use.

In 2002, Michael was enrolled in the Brain and Spinal Cord Injury Program (BSCIP) Medicaid Waiver program where we met and I began our relationship as his coordinator of care. Confined to his wheelchair 24-hours a day, Michael's speech was extremely difficult for me to understand. He became easily frustrated when trying to communicate with me. His behavior was inappropriate, the combined result of his injury, drinking, and his emotional state. Multiple providers were placed in the home, only to leave, unable to deal with his erratic behavior. Michael was in danger of losing the program, as all resources had been exhausted in attempting to assist him and he didn't seem to care.

In September, 2003, as a last resort, I contacted this new service provider, CJ McLean, and offered her the job of companion care provider for Michael. CJ was my last and *only* hope for Michael. Michael and CJ described that all-important first meeting as "we just clicked" although that first year was tumultuous. Michael's drinking and emotional outbursts led him to call CJ as often as 10 times a night, drunkenly yelling and cursing at her, accusing her of not caring about him. CJ frequently questioned her ability to work with him. She knew it was within her right as a provider to leave, but she decided to try "tough love" with Michael. Michael said it was then he

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realized that “if someone can show me love with tough love, then I can show myself love.” And his life began to change.

In 2004, CJ contacted me to see if I could help Michael find some place that he could do therapy. She told me, “he can do more, he knows it and I know it,” Through funding from the Rehabilitation Foundation of Northwest Florida, Michael was able to start a six month course of therapy at West Florida Rehabilitation. CJ faithfully took Michael two times per week to his therapy. We watched as Michael left his wheelchair behind and began walking with a walker and became more independent with his activities of daily living. After six months, funding for therapy ran out. The therapist told Michael and CJ to keep going, that Michael could do it. Based on the therapist’s recommendation, CJ found a treadmill for Michael. Michael and CJ worked hard continuing the therapy on their own. Today, Michael walks long distances with a cane and short distances totally unassisted.

Walking was not his only accomplishment. When CJ first began working with Michael he would not eat in front of her or anywhere in public. This was the result of an incident that occurred shortly after his injury when he was in a restaurant with his girlfriend. A stranger approached him and recommended that he eat at home as the way that Michael ate “made him sick.” For years, the embarrassment and shame of that moment prevented him from eating in front of others. CJ worked with Michael to improve his fine motor skills. Today Michael goes out to eat with CJ at restaurants without any concern or shame.



Michael Hall and C.J. McLean

Additionally, Michael would not use the phone as he was embarrassed by his speech and feared that others could not understand him. He refused to write as “no one could make out my chicken scratch.” Faithfully, CJ worked with him on his speech, practicing daily his enunciation and slower speech. Today he calls and schedules his own appointments over the phone. CJ bought elementary school level writing tablets for him and together they practiced his writing skills. Now he can write out his grocery list and send letters to his children.

Every month Michael was unable to pay his bills due to excessive spending for unnecessary items, including alcohol. Diligently, CJ worked with Michael on his finances and today Michael has a small savings account, something he never had before. Before CJ came in to his life, Michael never left his home. Today he is socially active in the community, attends BSCIP support groups and shares lunch with a friend of his occasionally. Last year for Christmas, CJ gave him a kayak as his Christmas present. When weather permits, he and CJ take out the kayaks and Michael proudly and independently paddles himself to where he wants to be.

It has not only been Michael’s physical progress that has amazed me, but his emotional growth as well. His outbursts have completely stopped. He states that CJ has taught him

Success Stories

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to “stop and think about what I am saying, to speak with respect. She has taught me to become less reactive and to be responsible for my actions. Now I think about the consequences before I act.” Michael adds, “because now I have more respect for myself.”

Michael continues to set goals and work toward them. He and CJ work daily on walking long distances completely independent of any assistive devices. His main goal is to meet his daughter next summer. He has not seen her since she was an infant, she is now thirteen. Thanks to CJ finding him a computer, he now communicates weekly with his daughter via e-mail. He smiles with pride as he says “last week she told me that I am the best dad in the world.”

Armed with little knowledge about brain injury and an unyielding sense of compassion, CJ walked into Michael’s life and transformed it. Michael says that he is grateful that CJ never gave up on him. CJ says that she is grateful that Michael never gave up on himself. Today when I asked them to describe each other, Michael said “I have a mom again” and with tears in her eyes CJ said, “I have never had a child, Michael is the closest thing to a son that I have ever had.”

By Kathy Falzone Area 1, CSC

CHRISTOPHER BENNETT

Christopher was 27 years old, a college graduate with a business degree. He was involved in sports, had many friends, and in the prime of his life preparing for a successful future. This changed in the blink of an eye one day in 2007. Christopher was a passenger in a car that swerved out of control and hit a tree. Christopher was not wearing a seatbelt and was ejected from the car. He sustained many serious injuries including broken ribs, legs, a punctured lung, brain injury and severe damage to his spine and shoulders. Although the doctors were able to save his legs, he has no use of them and is confined to a wheelchair. Due to the severe brain injury incurred, his short-term memory span is less than 5 minutes.

Immediately after the accident, Christopher received services through the Brain and Spinal Cord Injury’s Trust Fund Program. His mother, Michelle Bennett, was grateful to have the services for her son. She is a very strong advocate for her son. Navigating the human service system, as well as insurance benefits, was very stressful but with the assistance of the BSCIP, the family learned quickly and was provided with much support.

In May 2009, Christopher was approved for services through the BSCIP Medicaid Waiver. As the Medicaid Waiver Specialist, I did the first home visit and met a man who was very physically and cognitively impaired. He winced in pain every few minutes. His mother said that although he was taking pain medications, Christopher still was in pain. As she spoke of his elbow and leg pain, I noticed that his hospital bed was in ill repair. I also noticed that the manual wheelchair Mr. Bennett was using was too small. Michelle seemed very stressed and tired as she and a neighbor were providing all the care for Christopher. After the meeting, I felt

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compelled to improve this man's quality of life. I met with Support Coordinator Carolyn Allison and Trust Fund Case Manager Jose Calderon to determine how we could accomplish this important goal.

With the support of the Traumatic Injury Support Foundation and Apria Healthcare, we were able to get Christopher a 20" wheelchair with removable arms and a better hospital bed. The chair allows Christopher to do his physical therapy in his chair and is more comfortable than a standard 18" wheelchair. A working hospital bed has made him more comfortable and allows for easier transfers. The Medicaid Waiver Program also implemented care-giving services. Michelle is happy with the caregiver and is grateful for the help during the day, as it gives her a much-needed break.

Michelle was also provided with a list of Florida Medicaid doctors by the BSCIP to see if one could be found that is willing to address the severe pain. A doctor was located who was eager to get involved with Christopher and soon diagnosed the cause of Christopher's elbow pain as bone spurs. Surgery was performed in December and he is healing well. Assessment for the leg pain will be accomplished after his current recovery is complete. Michelle is so happy that her son is receiving the necessary medical care, confident that his independence will improve once he is feeling better and is not taking so many medications.

I call Michelle at least once a week and have established a strong rapport with her and Christopher. Hope for her son's recovery has been restored and she often expresses her gratitude to BSCIP for all the continued support. It appears that 2010 may just be a happy new year for this family.

By John Wanecski, MWS, Area 7

KEVIN PARRILLO

Smoked mullet, streamed crabs, and spicy shrimp.... what could be better? Well, Kevin Parrillo has a better idea and he's about to make it a reality. Kevin's mom Terry Parrillo, cannot remember a time when Kevin was not out on the waters of southern Tampa Bay. She recalled how Kevin would fish, crab, or explore the many bayous with his neighbors and childhood friends near Rubonia, Florida.

Years later when Kevin sustained a C6 spinal cord injury and became wheelchair bound it barely slowed him down, or stopped him from dreaming of owning his own business. Now with the help of the BSCIP and Vocational Rehabilitation (VR), it's becoming a reality. "The idea was simple" Kevin said. "Convert an old step van into a kitchen on wheels and take it to local carnivals, fairs, or other events and sell the seafood at a reasonable price." I must admit that when Kevin first told me about this idea, I was slightly skeptical. We first discussed it last October.

At that time, Kevin also wanted to manufacture crab traps for the local crabbers in his area. He needed supplies and some tools and with the help of his VR Counselor Sue Skyles, he

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obtained all the supplies he required to build and sell his traps. With the help of a close friend and co-worker, there were soon mounds of brand new crab traps for sale.



Kevin Parrillo and his Blue Crab Van

Several months ago, Kevin and his co-worker Bobby, began working on the old Chevy step van. They completely stripped the interior, and created a kitchen with stainless steels walls, countertops, and will soon add a sink, refrigerator and steamer. The van was also modified to include a window with an outside stainless steel shelf for serving customers. Kevin and Bobby then painted the van and decorated it with various seafood motifs that advertised the specialties of this mobile seafood kitchen.

Although there is still much work to do before they can take the van on the road, it's getting closer everyday. Both Kevin and his mother are grateful for the assistance rendered to them by BSCIP, as without our support and collaboration with other agencies that provide benefits to individuals with disabilities, Kevin's dream may have remained that....simply a dream.

Kevin's hard work and positive attitude are an inspiration to this Community Service Coordinator, and should remind us all that if given the chance and support, all things are possible for individuals who face physical and psychological challenges.

*By Grant Rubendunst MRC. CRC.
CSC, Area 3*

JUSTIN BROSSEAU

Justin is a 27 year old male who sustained a severe TBI 10 year ago. He was an active 11th grader enjoying being a teenager when his life changed in the blink of an eye. Justin was riding his skateboard home from school on a typical afternoon. As he attempted to cross the street, he was hit head-on by a truck traveling approximately 45 miles per hour. Justin lay in the hospital in a coma for five and a half months. The doctors told his parents Justin would be in a vegetative state if he ever regained consciousness. The family prepared to say good-bye. His father even purchased a casket, but decided not to remove him from the machinery keeping him alive. Over time, Justin miraculously started to improve.

Justin had to learn to walk, talk and tediously master all of the daily living requirements that most of us take for granted. Today, after years of hard work and a strong determination to live and succeed, Justin has achieved a seemingly insurmountable goal -- completion of his GED. Justin accomplished this by taking it in small steps and passing one subject at a time. He has been working at Pine Castle, Inc., for the last four years and is now celebrating his 10-year anniversary of "living" through his incredible transformation and beating the odds.

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Justin's mother, Julie Coleman, believes he is a "miracle kid." Justin's dad noted that he has the BSCIP and the Medicaid Waiver to thank for the tremendous progress his son has made. The trust fund assistance came at just the right time with services which included physical therapy, occupational therapy, speech and cognitive therapy.

Then the Medicaid Waiver assisted by funding life skills service at Pine Castle, a sheltered community workshop. Here he earned his GED and re-gained his self-confidence and sense of self-worth.



Pictured is Justin Brosseau

Justin is presently living with his father and stepmother, learning to be more responsible with basic daily living requirements, cooking, cleaning his room, doing laundry and going to Pine Castle Monday through Friday. Although Justin has overcome so much, he still looks toward the future and hopes to eventually work outside of Pine Castle. Currently, he has no plans to continue his formal education. His entire focus is on getting a job in order to become more independent.

By Kermy Hurte, MWS, Area 2

HECTOR BERMUDEZ

My name is Hector Bermudez. I am 33 years old and a father of two wonderful boys, ages 9 and 7, and a 20 year old stepdaughter. I was born and raised in Puerto Rico. Prior to my injury, I was employed as an automobile mechanic. I always have enjoyed cars, especially repairing them. When the company I worked for closed its doors in Puerto Rico and my mother-in-law became ill with cancer, we decided to move stateside for a new job for me and better medical treatment for her.

Before my accident, I was working the night shift at a car dealership in Orlando. I was enjoying my work and family life, although the night shift was difficult and the drive to and from work was long. One morning on my way home from work, I fell asleep while driving and ran into the back of a semi-truck. My car went halfway under the semi-truck and stopped within seconds of me being decapitated.

Thanks to the Lord, my life was miraculously spared. While still in Orlando at the rehab center, I was referred to the BSCIP. That was seven years ago, and with the help of the Lord and BSCIP, I have been able to adjust to my disability. Best of all, the work of my caregivers has been made easier with adaptive equipment and all the support from my Medicaid Waiver Specialist, Manny Gomez. I have been blessed to have my wife and children around me. I have good friends and family members that help with those things I'm not able to do. I am able to use the Consumer Directed Care budget to access the community and live an independent life with my family.

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Julie, Hector's wife and caregiver, goes on to say "I was so pleased when the first thing that the BSCIP did for us was to make possible Hector to return home from the nursing home." She continued, "As soon as our home was ready to move in, Mr. Gomez arranged to have a lift with a ceiling track put into our bedroom, so I could be able to give Hector a bath and transfer him to his wheelchair." Thereafter, arrangements were made for other critical assistive devices that helped to increase Hector's independence. Three years later, Hector was ready for greater independence and Mr. Gomez arranged for a specialist to come into the house to see what could be done. Within weeks, numerous adaptations were completed. These included a rope attached outside our front door to allow for self-closure. A fork and a spoon were modified so he could feed himself. An electronic door opener was installed with a keychain remote for Hector to open and lock the door when going to the store, and a new computer mouse with a ball at the top of it was installed to allow him to reach the outside world.

We wanted to visit our friends and family, but since their homes were not handicapped accessible, it was impossible. Arrangements were made to obtain a portable ramp, which we take every time we go to visit! It's an asset when we go on vacation, and need a ramp to get into a room.



Pictured left to right: Julie Bermudez-wife, Alex-son, Hector Bermudez, Ivan-son

Julie continues, "I never doubted that I would take care of my husband, but without the BSCIP, none of this would have been possible. Manny Gomez is the most understanding, sensitive case manager. He encourages us to focus on what can be done, rather than what the patient is not able to do, and helps us to achieve what we thought would never be possible. We know we can always count on BSCIP and Manny to help with a problem or to listen when we are frustrated."

By Hector and Julie Bermudez

APPENDICES

Brain and Spinal Cord Injury Program

REGIONAL INFORMATION

The Brain and Spinal Cord Injury Program's five regions are as follows:

- Region 1:** Alachua, Baker, Bay, Bradford, Calhoun, Clay, Columbia, Dixie, Duval, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Nassau, Okaloosa, Santa Rosa, Saint Johns, Suwannee, Taylor, Union, Wakulla, Walton, and Washington counties – Offices are located in Pensacola, Tallahassee, Gainesville, and Jacksonville
- Region 2:** Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, Sumter, and Volusia counties - Office is located in Orlando
- Region 3:** DeSoto, Hardee, Highlands, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota counties – Offices are located in Saint Petersburg, Winter Haven, and Bradenton
- Region 4:** Broward, Charlotte, Collier, Glades, Hendry, Indian River, Lee, Martin, Okeechobee, Palm Beach, and Saint Lucie counties – Offices are located in Fort Lauderdale, Fort Pierce, West Palm Beach, and Cape Coral
- Region 5:** Miami-Dade and Monroe counties – Office is located in Miami

Contact information for each region is as follows:

Region 1

Mary Brown, Regional Manager
Midtown Centre
2000 Building, Suite 101B
3974 Woodcock Drive
Jacksonville, Florida 32207
Phone: (904) 348-2755

Region 2

Janette Barbe, Regional Manager
3751 Maguire Boulevard, Suite 211
Orlando, Florida 32803
Phone: (407) 897-5964

Region 3

Scott Homb, Regional Manager
9400 4th Street North, Suite 212
Saint Petersburg, Florida 33702
Phone: (727) 570-3427

Region 4

Rick Schwarz, Regional Manager
4500 North State Road 7, Suite 308
Lauderdale Lakes, Florida 33319
Phone: (954) 677-5639

Region 5

Marilyn Larrieu, Regional Manager
401 Northwest 2nd Avenue, Room S-221
Miami, Florida 33128
Phone: (305) 377-5464



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Brain and Spinal Cord Injury Program

DESIGNATED FACILITIES

Florida's statewide coordinated system of care includes a network of designated acute care hospitals, inpatient and outpatient rehabilitation centers, and transitional living facilities. These facilities must meet standards and criteria established by the Brain and Spinal Cord Injury Advisory Council. All facilities are surveyed by a team of medical and rehabilitation professionals every three years to ensure compliance with the standards.

All licensed acute care hospitals must be accredited by the Joint Commission and all licensed rehabilitation centers must be accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). These facilities are required to maintain expertise in the areas of brain injury, spinal cord injury, or pediatric rehabilitation. Licensed rehabilitation hospitals must also be subscribers of the Uniform Data System (UDS-Pro) to collect patient outcome information.

The BSCIP surveyed the following facilities during this reporting period:

- Tampa General Hospital - Tampa, FL;
- Jackson Memorial Hospital - Miami, FL;
- CCS/Avalon Park, Transitional Living Facility - Orlando, FL;
- Shands Hospital Jacksonville – Jacksonville, FL;
- Halifax Medical Center – Daytona Beach, FL; and
- HealthSouth Sunrise Hospital Outpatient Program & The Bridge - Sunrise, FL

BSCIP DESIGNATED FACILITIES

Baptist Hospital - Davis Center for Rehabilitation
8900 North Kendall Drive
Miami, FL 33176-2197
Bus: (786) 596-6520
Bus Fax: (786) 270-3640
Facility Type: Outpatient – Adult Brain Injury Program

Baptist Hospital
1000 West Moreno Street
Pensacola, FL 32501
Bus: (850) 434-4011
Bus Fax: (850) 469-2253
Facility Type: Acute Care Adult Brain & Spinal Cord Injury Program/Trauma Center Level II

Bayfront Medical Center
701 Sixth Street South
Saint Petersburg, FL 33701-4814
Bus: (727) 893-6808
Bus Fax: (813) 893-6864
Facility Type: Inpatient and Outpatient Adult Brain Injury Program

Biscayne Institutes of Health and Living
2785 Northeast 183rd Street
Aventura, FL 33160
Bus: (305) 932-8994
Bus Fax: (305) 932-9362
Facility Type: Outpatient – Adult & Pediatric Brain Injury Program

Brooks Rehabilitation Hospital
3599 University Boulevard South
Jacksonville, FL 32216
Bus: (904) 858-7602
Bus Fax: (904) 858-7610
Facility Type: Inpatient and Outpatient Adult & Pediatric Brain & Spinal Cord Injury Program

Center for Comprehensive Services
3701 Avalon Park West Boulevard
Orlando, FL 32828
Bus: (321) 354-0023
Bus Fax: (321) 354-0024
Facility Type: Transitional Living Facility – Adult Brain Injury Program

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Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES (Continued)

Center for Comprehensive Services

632 Battersea Drive
St. Augustine, FL 32095
Bus: (800) 203-5394
Bus Fax: (904) 264-7887
Facility Type: Transitional Living Facility – Adult Brain Injury Program

Center for Comprehensive Services

2411 Clement Road
Lutz, FL 33549
Bus: (813) 948-3325
Mobile: (813) 781-1694
Other: (800) 769-2890
Bus Fax: (813) 948-6560
Facility Type: Transitional Living Facility – Adult Brain Injury Program

ESTEEM Outpatient Program

Winter Haven Hospital
3425 Lake Alfred Road
Winter Haven, FL 33881
Bus: (863) 292-4061
Bus Fax: (863) 293-6985
Facility Type: Outpatient Adult Brain Injury Program

Florida Institute for Neurologic Rehabilitation

Post Office Box 1348
Wauchula, FL 33873-1348
Bus: (863) 773-2857
Bus Fax: (863) 773-2041
Facility Type: Transitional Living Facility – Adult Brain Injury Program

Halifax Medical Center

303 North Clyde Morris Boulevard
Daytona Beach, FL 32215
Bus: (386) 254-4000
Bus Fax: (386) 254-4375
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level II

HealthSouth Sunrise Rehabilitation Hospital and The Bridge

10199 Northwest 44th Street
Sunrise, FL 33351
Bus: (954) 742-7999
Bus Fax: (954) 746-1300
Facility Type: Outpatient – Adult Brain Injury Program

HealthSouth Rehabilitation Hospital - Miami

20601 Old Cutler Road
Miami, FL 33189
Bus: (305) 251-3800
Bus Fax: (305) 251-5978
Facility Type: Outpatient – Adult Brain Injury Program

HealthSouth Sunrise Rehabilitation Hospital

4399 Nob Hill Road
Sunrise, FL 33351
Bus: (954) 749-0300
Bus Fax: (954) 746-1365
Facility Type: Outpatient – Adult Brain Injury Program

Jackson Memorial Hospital

1611 North West 12th Avenue
Miami, FL 33136
Bus: (305) 325-7429
Other: (305) 585-7112
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Jackson Memorial Hospital Rehabilitation Center

1611 Northwest 12th Avenue
Miami, FL 33136
Bus: (305) 585-7112
Bus Fax: (305) 355-4018
Facility Type: Inpatient and Outpatient Adult & Pediatric Brain & Spinal Cord Injury Program

Joy-Fuller Rehabilitation Center

200 Avenue F, Northeast
Winter Haven, FL 33881
Bus: (863) 293-1121
Bus Fax: (863) 291-6762
Facility Type: Inpatient Adult Brain Injury Program

Memorial Regional Hospital

3501 Johnson Street
Hollywood, FL 33021
Bus: (954) 987-2020, extension 1725
Bus Fax: (954) 985-2243
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Neuroscience Institute, Shands/UF - Jacksonville

580 West 8th Street; Tower 1, 9th Floor
Jacksonville, FL 32209
Bus: (904) 244-9839
Bus Fax: (904) 244-9493
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Orlando Health Lucerne Rehabilitation Institute

818 Main Lane
Orlando, FL 32801
Bus: (407) 649-6111
Bus Fax: (321) 841-4099
Facility Type: Inpatient and Outpatient – Adult Brain & Spinal Cord Injury Program

APPENDICES

Brain and Spinal Cord Injury Program

BSCIP DESIGNATED FACILITIES (Continued)

Pinecrest Rehabilitation Hospital

5360 Linton Boulevard
Delray Beach, FL 33484
Bus: (561) 495-0400
Bus Fax: (954) 973-8266
Facility Type: Inpatient - Adult Brain & Spinal Cord Injury Program

Shands Hospital - University of Florida

Box I-306 JHMHC
Gainesville, FL 32610
Bus: (352) 265-0002
Other: (352) 395-0224
Bus Fax: (352) 265-5420
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Shands Rehabilitation Hospital

4101 Northwest 89th Boulevard
Gainesville, FL 32606
Bus: (352) 265-5491
Bus Fax: (352) 338-0622
Facility Type: Inpatient Adult Brain & Spinal Cord Injury Program

Saint Mary's Medical Center

901 45th Street
West Palm Beach, FL 33407-2495
Bus: (561) 840-6013
Bus Fax: (561) 881-0945
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level II

Tallahassee Memorial Hospital

1300 Miccosukee Road
Tallahassee, FL 32308
Bus: (850) 431-5371
Bus Fax: (850) 494-6107
Facility Type: Acute Care Adult Brain & Spinal Cord Injury Program/Provisional Trauma Center Level II

Tampa General Hospital

Post Office Box 1289
Tampa, FL 33136
Bus: (813) 251-7000
Bus Fax: (813) 253-4144
Facility Type: Acute Care Adult and Pediatric Brain & Spinal Cord Injury Program/Trauma Center Level I

Tampa General Rehabilitation Center

Post Office Box 1289
Tampa, FL 33601
Bus: (813) 844-7701
Bus Fax: (813) 253-4283
Facility Type: Inpatient and Outpatient Adult & Pediatric Brain & Spinal Cord Injury Program

The Rehabilitation Hospital

Lee Memorial Health System
2776 Cleveland Ave.
Ft. Myers, FL 33901
Bus: (239) 334-5868
Bus Fax: (239) 334-5306
Facility Type: Inpatient – Adult Brain & Spinal Cord Injury Program

West Florida Rehabilitation Institute

Post Office Box 18900
Pensacola, FL 32523-8900
Bus: (850) 494-6100
Other: (850) 494-6000
Bus Fax: (850) 494-4881
Facility Type: Inpatient Adult Brain & Spinal Cord Injury Program

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Brain and Spinal Cord Injury Program

BRAIN AND SPINAL CORD INJURY ADVISORY COUNCIL

The Department of Health, Brain and Spinal Cord Injury Advisory Council, is comprised of 16 members appointed by the State Surgeon General. The membership consists of four individuals who have brain injuries or are family members of individuals who have brain injuries; four individuals who have spinal cord injuries or are family members of individuals who have spinal cord injuries; and two individuals who represent the special needs of children who have brain or spinal cord injuries. The balance of the council members are physicians, other allied health professionals, administrators of brain and spinal cord injury programs, and representatives from support groups who have expertise in areas related to the rehabilitation of individuals who have brain or spinal cord injuries. Appointed members serve a four-year term and may serve no more than two terms (two consecutive or lifetime terms).

2008-2009 ADVISORY COUNCIL MEMBERS

Chair: Marilyn Sutherland, R.N., B.S.N., M.S., C.N.R.N.

Vice-Chair: Thomas R. Kerkhoff, Ph.D., A.B.P.P.

Patricia Byers, M.D.

James F. Carrell

Erick H. Collazo

Susanne Deaton, R.N.

James R. Edwards, B.S.N., R.N., C.R.R.N.

R. Patrick Jacob, M.D.

Paul Kornberg, M.D.

Robert G. Melia, Jr.

Tai Q. Nguyen, M.D.

Grace Peay

Dale S. Santella

Karly Schweitzer

Kenneth E. Weas

The council is responsible for:

- Providing advice and expertise to the department in the preparation, implementation, administration, and periodic review of the BSCIP.
- Assisting in the development and oversight of the BSCIP strategic plan.
- Developing standards for quality assurance and improvement of the state's BSCIP designated facilities.